STATE OF NEW YORK

BOARD OF ELECTIONS DISCLOSURE STATEMENT – COVER PAGE

ELECTION YEAR	FILER ID	STATEMENT NUMBER FROM BELOW**	STATEMENT PERIOD DATES	
			FROM / / TO / /	

IDENTIFICATION

YOU MUST TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

Full name of Filer

Mailing Address of filer – number and street

City State Zip

☐ CHECK BOX IF MAILING ADDRESS HAS CHANGED SINCE LAST REPORT
[all committees must file amended CF-02,03, and 16]

COMMITTEE TREASURER NAME (LAST)   (FIRST)

IS THIS COMMITTEE AUTHORIZED BY THE CANDIDATE? ☐ YES ☐ NO

OFFICE/DISTRICT/CANDIDATE BEING SUPPORTED

STATEMENT IS BEING FILED BY:
- ☐ Party Committee   ☐ Constituted Committee
- ☐ Candidate   ☐ Political Committee
- ☐ Housekeeping Account Only ☐ PAC

STATEMENT INVENTORY

	NUMBER OF PAGES	SCHEDULES AMENDED
INDIVIDUAL/PARTNERSHIPCONTRIBUTIONS (SCH. A)		
CORPORATE CONTRIBUTIONS (SCH. B)		
ALL OTHER CONTRIBUTIONS (SCH. C)		
IN-KIND CONTRIBUTIONS/OTHER RECEIPTS (SCH. D/E)	/	/
EXPENDITURE PAYMENTS (SCH. F)		
TRANSFERS IN/OUT (SCH. G/H)	/	/
LOANS RECEIVED/PAID (SCH. I/J)	/	/
LIABILITIES/LOANS FORGIVEN (SCH. K)		
EXPENDITURE REFUNDS/CONTRIBUTIONS REFUNDED(SCH. L/M)	/	/
OUTSTANDING LIABILITIES (SCH. N)		
PARTNERS/SUBCONTRACTS (SCH. O)		
HOUSEKEEPING RECEIPTS (SCH. P)		
HOUSEKEEPING EXPENSES (SCH. Q)		
SUMMARY/STATUS REPORT	/	/

TYPE OF REPORT

**** CHECK ONE BOX AND INDICATE STATEMENT NUMBER ABOVE**

1	☐ 32 day Pre Primary	7	☐ 32 day Pre Special
2	☐ 11 day Pre Primary	8	☐ 11 day Pre Special
3	☐ 10 day Post Primary*	9	☐ 27 day Post Special*
4	☐ 32 day Pre General	10	☐ Periodic Jan. 15, 20____
5	☐ 11 day Pre General	11	☐ Periodic July 15, 20____
6	☐ 27 day Post General*	12	☐ 24 hour notice

* Campaign material or a disclaimer must be submitted with Post-Election statements.

☐ Termination Report (you cannot terminate if any funds or debts remain)

☐ Amendment Report   Date of original report _____/_____/_____

☐ Treasurer Resignation Report: Copy of letter of resignation attached.

IN-LIEU-OF STATEMENT

☐ I state that I am a candidate or a treasurer of an authorized committee which supports only one candidate, and at the close of this reporting period neither the total receipts nor the total expenditures of this campaign have exceeded one thousand dollars.

VERIFICATION

Must have original signature – sign in black or blue ink only

I state that the information contained in this statement is in all respects true and complete to the best of my knowledge, information and belief

Name – Print or type   Signature

Title   Date Signed   Phone number

ANY FALSE INFORMATION IN THIS STATEMENT MAY BE A CLASS A MISDEMEANOR, PUNISHABLE BY A FINE AND/OR UP TO ONE YEAR IMPRISONMENT, PURSUANT TO SECTION 210.45 OF THE PENAL LAW. FOR FURTHER INFORMATION, CONTACT THE NEW YORK STATE BOARD OF ELECTIONS OR YOUR COUNTY BOARD OF ELECTIONS.

FOR INFORMATION ON COMPLETING THIS FORM CALL 1-800-458-3453

CF-01REV. 2/01

MONETARY CONTRIBUTIONS/Individual & Partnerships   Schedule A

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES				PAGE
		FROM TO				____OF____

				CHECK#	AMOUNT	PREV. AMT.
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
Code:	CITY - STATE		ZIP		$	$

TOTAL THIS PAGE	$

CODE:

CAN = CANDIDATE/CANDIDATE SPOUSE

IND = INDIVIDUAL

FAM = FAMILY MEMBER: SEE INSTRUCTIONS

PART = PARTNERSHIP: Partnerships which contribute over $2500.00 total, must further define in Schedule O.

Complete this summary on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	$
②	TOTAL UNITEMIZED CONTRIBUTIONS	$
③	**Schedule Total**	$

MONETARY CONTRIBUTIONS/Corporate Schedule B

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES			PAGE
		FROM / / TO / /			____OF____

DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$

TOTAL THIS PAGE	$

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED CONTRIBUTIONS	$
②	TOTAL UNITEMIZED CONTRIBUTIONS	$
③	**Schedule Total**	$

MONETARY CONTRIBUTIONS/All Other   Schedule C

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES			PAGE
		FROM / / TO / /			____OF____

DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		$	$

TOTAL THIS PAGE	$

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED CONTRIBUTIONS	$
②	TOTAL UNITEMIZED CONTRIBUTIONS	$
③ **Schedule Total**		$

IN-KIND CONTRIBUTIONS Schedule D

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		____OF____

DATE RECEIVED	NAME		TYPE CODE:
	STREET	APT	$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION

DATE RECEIVED	NAME		TYPE CODE:
	STREET	APT	$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION

DATE RECEIVED	NAME		TYPE CODE:
	STREET	APT	$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION

DATE RECEIVED	NAME		TYPE CODE:
	STREET	APT	$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION

CONTRIBUTOR CODE:
CAN = CANDIDATE/ CANDIDATE SPOUSE
FAM = FAMILY MEMBERS (SEE INSTRUCTIONS)
CORP = CORPORATE
IND = INDIVIDUAL
PART = PARTNERSHIP
COM = COMMITTEE

CONTRIBUTION TYPE CODE:
1 = SERVICES/FACILITIES PROVIDED
2 = PROPERTY GIVEN
3 = CAMPAIGN EXPENSES PAID

TOTAL THIS PAGE	$
TOTAL ITEMIZED CONTRIBUTIONS	$
TOTAL UNITEMIZED CONTRIBUTIONS	$
SCHEDULE TOTAL LAST PAGE ONLY	$

OTHER RECEIPTS Schedule E

DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND	$
			☐ PROCEEDS SALE/LEASE	
	CITY - STATE	ZIP	☐ OTHER _____	

DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND	$
			☐ PROCEEDS SALE/LEASE	
	CITY - STATE	ZIP	☐ OTHER _____	

DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND	$
			☐ PROCEEDS SALE/LEASE	
	CITY - STATE	ZIP	☐ OTHER _____	

DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND	$
			☐ PROCEEDS SALE/LEASE	
	CITY - STATE	ZIP	☐ OTHER _____	

TOTAL THIS PAGE	$
TOTAL ITEMIZED RECEIPTS	$
TOTAL UNITEMIZED RECEIPTS	$
SCHEDULE TOTAL LAST PAGE ONLY	$

EXPENDITURE/PAYMENTS Schedule F

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		____OF_____

		DO NOT report Transfers Out:		

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	_ _ _ _ _		
CHECK NO.	CITY - STATE	ZIP			$

			TOTAL THIS PAGE		$

Expenditure Purpose Codes

CMAIL	Campaign Mailings	POLLS	Polling Costs
CONSL	Campaign Consultant *	POSTA	Postage
CONSV	Constituent Services	PRINT	Print Ads
CNTRB	Political Contributions	PROFL	Professional Services *
FUNDR	Fundraising	RADIO	Radio Ads
LITER	Campaign Literature	RENTO	Office Rent
OFFCE	Office Expenses	TVADS	Television Ads
OTHER	Other: Must Provide Explanation	VOTER	Voter Registration Materials or Services
PETIT	Petition Expenses	WAGES	Campaign Workers' Salaries
INT	Interest Expense		

Complete this summary on your last page only!

①	TOTAL ITEMIZED EXPENDITURES	$
②	TOTAL UNITEMIZED EXPENDITURES	$
③	**Schedule Total**	$

* Sub Contractors must be further defined in Schedule O – *See Instructions*

Receipts from Party Committee and other committees authorized solely for this candidate (TRANSFERS IN) Schedule G

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____OF____

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

TYPE 1 – Party/Constituted Committees
TYPE 2 – Committee Solely Supporting Same Candidate

NOTE: DO NOT REPORT FUNDS RECEIVED FROM INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE RECEIPTS MUST BE REPORTED AS A CONTRIBUTION ON SCHEDULE C.

TOTAL THIS PAGE	$
SCHEDULE TOTAL Last Page Only	$

Payments to Party Committee and other committees authorized solely for this candidate (TRANSFERS OUT) Schedule H

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 ☐	
CHECK #	CITY - STATE	ZIP	2 ☐	$

TYPE 1 – Party/Constituted Committees
TYPE 2 – Committee Solely Supporting Same Candidate

NOTE: DO NOT REPORT FUNDS PAID TO INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE PAYMENTS MUST BE REPORTED AS A PAYMENT ON SCHEDULE F.

TOTAL THIS PAGE	$
SCHEDULE TOTAL Last Page Only	$

LOANS RECEIVED Schedule I

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		____OF____

LOAN DATE	LENDER NAME		LOAN AMOUNTT
	STREET	APT	
☐ Check if Bank Loan	CITY · STATE	ZIP	$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
☐ Check if Bank Loan	CITY · STATE	ZIP	$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
☐ Check if Bank Loan	CITY · STATE	ZIP	$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
☐ Check if Bank Loan	CITY · STATE	ZIP	$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
☐ Check if Bank Loan	CITY · STATE	ZIP	$

List any loans received during the reporting period. When submitting this schedule to the Board of Elections, **a copy of the evidence of indebtedness for each loan must be attached to the statement.** If the loan was received from a lending institution, the evidence of indebtedness must include the name and address of any obligor of the loan, or any other person who endorses, co-signs, or otherwise provides security for such loan.

TOTAL THIS PAGE	$
SCHEDULE TOTAL Last Page Only	$

LOAN REPAYMENTS Schedule J

ORIGINAL DATE OF LOAN	LENDER NAME		CHECK NO	AMOUNT
	STREET	APT		
	CITY · STATE	ZIP	DATE	$
ORIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY · STATE	ZIP	DATE	$
ORIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY · STATE	ZIP	DATE	$
ORIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY · STATE	ZIP	DATE	$
ORIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY · STATE	ZIP	DATE	$

TOTAL THIS PAGE	$
SCHEDULE TOTAL Last Page Only	$

LIABILITIES/LOANS FORGIVEN Schedule K

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		_____ OF _____

DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	
DATE	VENDOR/LENDER		AMOUNT FORGIVEN
	STREET APT	☐ LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP	☐ LOAN	

COPY OF EVIDENCE FROM VENDOR/LENDER INDICATING FORGIVENESS MUST BE ATTACHED.

TOTAL THIS PAGE	$
SCHEDULE TOTAL (LAST PAGE ONLY)	$

EXPENDITURE REFUNDS Schedule L

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM TO		____OF_____

DATE RECEIVED	NAME		ORIG. PAYMENT DATE
	STREET	APT	
	CITY / STATE	ZIP	AMOUNT $

DATE RECEIVED	NAME		ORIG. PAYMENT DATE
	STREET	APT	
	CITY / STATE	ZIP	AMOUNT $

DATE RECEIVED	NAME		ORIG. PAYMENT DATE
	STREET	APT	
	CITY / STATE	ZIP	AMOUNT $

DATE RECEIVED	NAME		ORIG. PAYMENT DATE
	STREET	APT	
	CITY / STATE	ZIP	AMOUNT $

DATE RECEIVED	NAME		ORIG. PAYMENT DATE
	STREET	APT	
	CITY / STATE	ZIP	AMOUNT $

		TOTAL THIS PAGE	$
		SCHEDULE TOTAL LAST PAGE ONLY	

CONTRIBUTIONS REFUNDED   Schedule M

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET	APT	$
		CITY - STATE	ZIP	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET	APT	$
		CITY - STATE	ZIP	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET	APT	$
		CITY - STATE	ZIP	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET	APT	$
		CITY - STATE	ZIP	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET	APT	$
		CITY - STATE	ZIP	CHECK #

		TOTAL THIS PAGE	$
		SCHEDULE TOTAL Last page only	$

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM TO		____OF____

DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$
DATE	NAME		TOTAL ORIG. AMOUNT	PURPOSE CODE — — — — —	EXPLAIN	AMT. OUTSTANDING
	STREET	APT				
☐ CURRENT ☐ PRIOR	CITY - STATE	ZIP	$			$

TOTAL THIS PAGE	$
SCHEDULE TOTAL Last Page Only	$

Purpose of Liability Codes

CMAIL	Campaign Mailings	POLLS	Polling Costs
CONSL	Campaign Consultant	POSTA	Postage
CONSV	Constituent Services	PRINT	Print Ads
FUNDR	Fundraising	PROFL	Professional Services
LITER	Campaign Literature	RADIO	Radio Ads
OFFCE	Office Expenses	RENTO	Office Rent
OTHER	Other: Must Provide Explanation	TVADS	Television Ads
PETIT	Petition Expenses	VOTER	Voter Registration Materials or Services
		WAGES	Campaign Workers' Salaries

PARTNERS ▌ SUBCONTRACTS Schedule O

AMT OF CONTRIBUTION	PARTNERSHIP NAME		PAYEE NAME	
$				
DATE RECEIVED	STREET	APT	STREET	APT
	CITY - STATE	ZIP	CITY - STATE	ZIP

PARTNER NAME

PROVIDER OF FINISHED GOODS/SERVICES:

LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _
LAST / FIRST / MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET / APT			STREET / APT	$
CITY / STATE / ZIP	$	$	CITY / STATE / ZIP	CODE _ _ _ _ _

TOTAL AMOUNT ATTRIBUTED	A $	A $
TOTAL AMOUNT UNITEMIZED	B $	B $
TOTAL AMOUNT CONTRIBUTION	A+B $	A+B $

**PLEASE USE "PURPOSE CODES"
FOUND ON SCHEDULE F or N**

* NON CAMPAIGN HOUSEKEEPING RECEIPTS Schedule P

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATE		PAGE
		FROM TO		____OF____

DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	$	$

TOTAL THIS PAGE $

CODE:

IND = INDIVIDUAL

CORP = CORPORATE

PART = PARTNERSHIP: Partnerships which contribute over $2500.00 total,
must further define in Schedule O.

COMM = POLITICAL COMMITTEE

**Complete this summary
on your last page only!**

* This schedule to be used only by party or constituted committee.

①	TOTAL ITEMIZED CONTRIBUTIONS	$
②	TOTAL UNITEMIZED CONTRIBUTIONS	$
③	**Schedule Total**	$

* NON-CAMPAIGN HOUSEKEEPING EXPENSES Schedule Q

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM TO		____OF____

DO NOT report Transfers Out:

DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN	AMT PAID
	STREET	APT	— — — — —		
CHECK NO.	CITY - STATE	ZIP			$
				TOTAL THIS PAGE	$

Expenditure Purpose Codes (use on Schedule Q only)

RENTO	Office Rent
UTILS	Utilities
PAYRL	Payroll
POSTA	Postage
PROFL	Professional Services
OFEXP	Office Expenses
MAILS	Mailings
OTHER	Other: Provide Explanation
VOTER	Voter Registration Materials or Services

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED EXPENDITURES	$
②	TOTAL UNITEMIZED EXPENDITURES	$
③	**Schedule Total**	$

* This schedule to be used only by party or constituted committee.

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		
		FROM / / TO / /		

SUMMARY OF RECEIPTS / EXPENDITURES

1. OPENING BALANCE -- must be the same as line 7 of your previous report $ _____

2. CONTRIBUTIONS

    2a) Schedule A - Individuals - total .... $ _____

    2b) Schedule B - Corporations - total .... $ _____

    2c) Schedule C - Other - total .... $ _____

    2d) Schedule D - In-kind - total .... $ _____

    2e) Total Contributions (add 2a through 2d) .... $ _____

3. MISCELLANEOUS RECEIPTS

    3a) Schedule E - Other receipts - total .... $ _____

    3b) Schedule G - Transfers in - total............................. $ _____

    3c) Schedule I - Loans received - total......................... $ _____

    3d) Schedule L - Expenditure refunds - total .... $ _____

    3e) Schedule P - Housekeeping receipts - total .... $ _____

    3f) Total Miscellaneous Receipts (add 3a through 3e)............................. $ _____

4. TOTAL RECEIPTS THIS PERIOD (add 2e and 3f) .... $ _____

5. TOTAL (add line 1 and line 4) .... $ _____

6. EXPENSES

    6a) Schedule F - Expenditures/Payments - total .... $ _____

    6b) Schedule D Total (Offset) .... $ _____

    6c) Schedule H - Transfers out - total .... $ _____

    6d) Schedule J - Loans repaid - total.......................... $ _____

    6e) Schedule M - Contribution refunds - total .... $ _____

    6f) Schedule Q - Housekeeping expenses - total .... $ _____

    6g) TOTAL Expenses this period (add 6a through 6f)................................. $ _____

7. BALANCE AT END OF PERIOD (subtract line 6g from line 5) .... $ _____

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		
		FROM / / TO / /		

STATUS REPORT

8. STATUS OF CONTRIBUTIONS

8a) Contributions received, from line 8e of your previous report . . . . $_____

8b) Contributions received this period, line 2e . . . . $_____

8c) TOTAL, line 8a plus 8b . . . . $_____

8d) Contributions refunded, from this summary, line 6e . . . . $_____

8e) TOTAL contributions to date (line 8c minus 8d) . . . . $_____

9. STATUS OF CAMPAIGN EXPENSES

9a) Campaign expenses paid, from line 9f of your previous report* . . . . $_____

9b) Campaign expenses this period, line 6a . . . . $_____

9c) In-Kind offset, Schedule D total . . . . $_____

9d) TOTAL add lines 9a throug9c . . . . $_____

9e) Refunds of campaign expenses, from this summary, line 3d. . . . . $_____

9f) SUB-TOTAL campaign expenses to date (line 9d minus 9e). . . . . $_____

9g) Outstanding liabilities (Schedule N total) . . . . $_____

9h) Total Campaign Expenses to date (line 9f plus line 9g) . . . . $_____

*This figure will be 0 (zero) if this is the first report of a new campaign.

9i) EXPENSE ALLOCATION

Candidate name	Office/District	Election Year	$ Amount

TOTAL AMOUNT ALLOCATED (please use additional pages if necessary). . . . . $_____

10. STATUS OF LOANS MADE

10a) Loans made to date, from line 10f of your previous report . . . . $_____

10b) Loans made this period, from your records . . . . $_____

10c) TOTAL, line 10a plus 10b . . . . $_____

10d) Amounts included in 10c above, which were repaid this period . . . . $_____

10e) Amounts included in 10c above, which were forgiven this period . . . . $_____

10f) Balance of loans made to date (line 10c minus 10d and 10e) . . . . $_____

11. STATUS OF HOUSEKEEPING RECEIPTS

11a) Housekeeping receipts ONLY, from line 11c of your previous report . . . . $_____

11b) Housekeeping expenses this period, from this summary, line 3e . . . . $_____

11c) TOTAL housekeeping receipts to date, (line 11a plus 11b) . . . . $_____

12. STATUS OF HOUSEKEEPING EXPENSES

12a) Housekeeping expenses ONLY, from line 12c of your previous report. . . . . $_____

12b) Housekeeping expenses this period, from this summary, line 6f. . . . . $_____

12c) TOTAL housekeeping expenses to date (line 12a plus 12b) . . . . $_____